primary studies - published RCT

Use of ciprofloxacin in cystic fibrosis patients.

Code: PM2589355 **Year:** 1989 **Date:** 1994 **Author:** Bosso JA

Study design (if review, criteria of inclusion for studies)

open-label crossover clinical trial

Participants

21 stable hospitalized cystic fibrosis patients with malabsorption syndrome

Interventions

Standard dosing consisted of 500 U lipase/kg body weight/meal, 250 U lipase/kg body weight/snack; high dosing consisted of 1,500 U lipase/kg body weight/meal, 750 U lipase/kg body weight/snack. Doses were determined by units of lipase/kg body weight to provide dosing consistency among patients of varying size. Each patient was on a regular diet of approximately 100 g of fat per day. Subjects were then stratified into two groups, based on the grams of fecal fat eliminated (GFFE) as follows: Group 1 with < or = 7 GFFE/24 h on both dosages (n = 7) and Group 2 with > 7 GFFE/24 h on either dose (n = 14).

Outcome measures

Two separate, 72-h stool collections were performed between markers. Fat absorption was measured. constipation, elevated serum uric acid levels

Main results

A significant difference in mean percentage fat absorbed between the standard dose and the high dose was found (86% versus 91%, p < 0.05). Subjects were then stratified into two groups, based on the grams of fecal fat eliminated (GFFE) as follows: Group 1 with < or = 7 GFFE/24 h on both dosages (n = 7) and Group 2 with > 7 GFFE/24 h on either dose (n = 14). A significant difference (p

Authors' conclusions

The increased doses of pancreatic enzymes resulted in improved correction of steatorrhea.

http://dx.doi.org/10.1016/0002-9343(89)90040-5

See also

Am J Med. 1989 Nov 30;87(5A):123S-127S.

Keywords

Adolescent; Adult; Child; Enteric-Coated; Food; Microtablets; pharmacological_intervention; Pancreatic Enzyme Replacement Therapy; Supplementation; Pancreas insufficiency; Pancreatic Diseases; Gastrointestinal Diseases; Malabsorption; Nutrition Disorders; Gastrointestinal Agents;